



ADOLESCENT IMMUNIZATION

WHAT IS THE PUBLIC HEALTH ISSUE?

Over the last two years, an unprecedented number of new vaccination recommendations for adolescents have been made by CDC's Advisory Committee on Immunization Practices (ACIP). In 2005, ACIP recommended that adolescents should receive meningococcal conjugate (MCV4) vaccine routinely, as well as tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. In 2006, ACIP recommended routine vaccination with three doses of human papillomavirus (HPV) vaccine for girls aged 11-12 years. In addition, catch-up vaccination is recommended for females aged 13-26 years who have not been vaccinated previously or who have not completed the full vaccine series; the vaccination series may be started among females beginning at 9 years of age.

Increasing vaccination coverage rates in adolescents has been challenging due to multiple factors. A lack of adolescent immunization infrastructure has limited the ability to implement projects and initiatives to increase adolescent vaccination services and improve vaccination coverage. In addition, adolescents generally seek recommended preventive health services less frequently than children in other age groups and often do not have an identified medical home, making it difficult for health care providers to promote vaccination among adolescents. Many adolescents obtain problem-related health care from providers in varied settings including gynecologists' offices, emergency departments, and clinics for diagnosis and treatment of sexually transmitted diseases. Historically, such settings have rarely offered routine vaccination services to adolescents. Furthermore, adolescents sometimes pursue care without their parents, leading to health care consent issues in most states; barriers associated with consent can result in missed opportunities for vaccinating this hard-to-reach population.

WHAT HAS CDC ACCOMPLISHED?

Having worked with the ACIP to develop and disseminate comprehensive recommendations for the use of new vaccines among adolescents, CDC continues to educate the public and providers about the recommendations, while also conducting needed research and disseminating findings to promote immunization among adolescents. In 2006, CDC initiated research for an educational campaign by conducting approximately 36 focus groups with mothers of adolescents in 3 U.S. cities. Interviews of physicians were also completed. The goals of the research included exploring knowledge and attitudes related to the three vaccines currently recommended for adolescents, pre-testing fact sheets, and soliciting parents' ideas for campaign posters. Additional research funded by CDC in 2006 will allow investigators at two U.S. universities to assess the feasibility of delivering new adolescent vaccines in healthcare settings (e.g., teen clinics, emergency departments) that complement traditional primary care settings, where vaccines have generally been administered in the past. In follow-up to a 2-day Adolescent Stakeholders meeting sponsored by CDC and the National Vaccine Advisory Committee (NVAC) in June 2005 and attended by over 140 key stakeholders, eight white papers summarizing meeting findings were submitted for final review in 2006 and are expected to be published as a supplement to *Pediatrics* in 2007. Information about vaccines recommended for adolescents is included in CDC's annual *Epidemiology and Prevention of Vaccine Preventable Diseases* Course and the CDC text *Epidemiology and Prevention of Vaccine Preventable Diseases*.

CDC also continues to facilitate the Vaccines for Children (VFC) Program, through which federally-purchased vaccines are distributed to public health clinics and enrolled health care providers, so that ACIP-approved vaccines can be offered to all VFC-eligible children and adolescents. In 2005 and 2006, the ACIP voted to include MCV4, Tdap, and HPV vaccines in the VFC Program. Adolescents and children who are aged less than 19 years may now receive the vaccines through VFC if they are eligible for Medicaid, have no health insurance, are American Indian/Alaska Native children, or are underinsured children receiving care through a Federally Qualified Health Center or a Rural Health Center. CDC will receive additional VFC operations funding in FY2007 to support public health staff to identify, enroll, and educate new VFC providers (e.g., gynecologists) who can offer VFC vaccines to eligible adolescents in a broad range of health care settings.

WHAT ARE THE NEXT STEPS?

As new vaccines are added to the immunization schedule, CDC will continue working with other federal agencies, state and local health departments, and private and community partners to develop comprehensive plans for increasing vaccination rates among adolescents while also monitoring related disease trends and safety data.

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